

TRANSCRIPT ORDER

Please Read Instructions:

1. NAME Ryan E. Chapple		2. PHONE NUMBER (512) 477-5000	3. DATE 11/19/2024	
4. DELIVERY ADDRESS OR EMAIL rchapple@cstrial.com; corozco@cstrial.com		5. CITY Austin	6. STATE Texas	
7. ZIP CODE 78701				
8. CASE NUMBER 22-33553	9. JUDGE Christopher M. Lopez	DATES OF PROCEEDINGS 10. FROM 11/14/2024		
12. CASE NAME Alexander E. Jones		LOCATION OF PROCEEDINGS 13. CITY Houston		
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Motion Hearing at 2:30 PM	11/14/2024
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00

18. SIGNATURE s/ Ryan E. Chapple			PROCESSED BY	
19. DATE 11/19/2024			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS	
ORDER RECEIVED		DATE	BY	
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY